

Abstract



Registered Nurses (RNs) provide high quality care that is culturally sensitive, competent, and developmentally appropriate within evolving health care working environments where limited resources and increasing responsibilities are common (Khamisa, Oldenburg, Peltzer, & Ilic, 2015). An imbalance between providing high quality care and coping with the working environment can lead to increased work-related stress and burnout. Work-related stress is defined as a harmful emotional and somatic response when the persons' skills and resources cannot satisfy the requirement of the task (Qi, et al., 2014). This project analyzed self-reported stress among RNs who work on the Acute Care Unit (ACU) of HaysMed measured by the Nursing Stress Scale (NSS) (Gray-Toft & Anderson, 1981). Using the surveys' statistically significant results, activities were selected. Currently RN led change projects are being implemented to address the research findings.

Introduction

Workplace stress is being recognized nationally as a challenge for the nursing profession (Qi, et al., 2014)

The current health care environment requires RNs to do provide high quality patient care activities with fewer resources then in the past leading to physical, social, and mental fatigue (Thian, Kannusamy & Klainin-Yobas, 2013).

Due to documented work-related stress for nursing, it is paramount for research to analyze work-related stress in specific care units to reduce stress factors.

Methodology

Purpose: 1) To analyze self-reported stress among RNs on the ACU of HaysMed using the NSS scale; 2) To implement change projects based on research findings to decrease work-related stress.

Design: Descriptive study using convenience sample of all RNs on ACU

Ethics: HaysMed & FHSU IRB approvals

Phases of study:

Deploy Survey

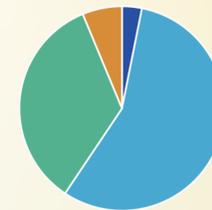
Analyze Data

Change Projects

Results and Discussion

32 Participants: 31 female, 1 male

RN Participant



■ Diploma ■ A.D.N.
■ B.S.N. ■ M.S.N.



Cronbach's alpha of NSS on ACU = .90

Significant Work Related Stressors:

- 1) 76% death of a patient
- 2) 71% physician criticism
- 3) 70% helplessness when patient fails to improve
- 4) 69% communicating death
- 5) 68% disagreement concerning treatment of patient

Change Projects: Physician involvement at unit meetings, debriefing after patient deteriorates and/or death, education on death and dying, classes such crucial conversations.

Conclusion

The data showed that the ACU of HaysMed would benefit most by evidenced based interventions in the areas of patient death and dying, communications and patient health care procedures.

In accordance with IOM (2010) recommendations, nurse led change projects on the ACU of HaysMed is anticipated to decrease work related stressors while improving interprofessional relationships and healthcare outcomes.



References

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